

STATE OF IOWA
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

114-

C3769

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SEE
NOBOOK

BIRTH NUMBER

STATE FILE NUMBER

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1. DECEDENT—NAME FIRST MIDDLE LAST Alfred Odell Mathews		2. SEX male	3. DATE OF DEATH (MONTH, DAY, YEAR) October 6, 1984		
4. RACE WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY) white	5a. AGE—LAST BIRTHDAY (YEARS) 72	5b. UNDER 1 YEAR MOS. DAYS	5c. UNDER 1 DAY HOURS MIN.	6. DATE OF BIRTH (MONTH, DAY, YEAR) June 25, 1912	7a. COUNTY OF DEATH Madison
7b. CITY, TOWN, OR LOCATION OF DEATH Winterset, Iowa		7c. INSIDE CITY LIMITS (SPECIFY YES OR NO) yes	7d. HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number) Care Center South		7e. IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (Specify) Inpatient
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Iowa	9. CITIZEN OF WHAT COUNTRY USA		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) never married		11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) none
12. SOCIAL SECURITY NUMBER [REDACTED]		13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) State Employee		13b. KIND OF BUSINESS OR INDUSTRY State property	13c. WAS DECEASED EVER IN U.S. ARMED SERVICES? GIVE DATES OF SERVICE 3/8/42-13/1/46
14a. RESIDENCE—STATE Iowa	14b. COUNTY Madison	14c. CITY, TOWN, OR LOCATION Winterset, Iowa		14d. INSIDE CITY LIMITS (SPECIFY YES OR NO) yes	14e. STREET AND NUMBER Care Center South
15. FATHER—NAME FIRST MIDDLE LAST Ralph Mathews			16. MOTHER—MAIDEN NAME FIRST MIDDLE LAST Elizabeth Downs		
17a. INFORMANT—NAME Mrs. Mary Catherine Addy			17b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 52 South Winterset, Iowa 50273		
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE (a) Acute Myocardial infarction					5 min.
DUE TO, OR AS A CONSEQUENCE OF:					
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST					
(b) DUE TO, OR AS A CONSEQUENCE OF:					
(c) DUE TO, OR AS A CONSEQUENCE OF:					
PART IIa. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)					
b. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 6 MONTHS? YES <input type="checkbox"/> NO <input type="checkbox"/>			19a. AUTOPSY (YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH	
20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	20b. DATE OF INJURY (MONTH, DAY, YEAR)	20c. HOUR	20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)		
20e. INJURY AT WORK (SPECIFY YES OR NO)	20f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	20g. LOCATION	(STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE)		
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>Earl G. Rozeboom M.D.</i>			21b. DATE SIGNED (Mo., Day, Yr.) 10/22/84	21c. HOUR OF DEATH 1:40 P.M.	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					
21e. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER OR CORONER) (Type or Print) Earl G. Rozeboom M.D. 115 West Court Winterset, Iowa 50273					
24a. BURIAL, CREMATION, REMOVAL (SPECIFY) burial		24b. CEMETERY OR CREMATORY—NAME St. Charles Cemetery		24c. LOCATION St. Charles, Iowa	
24d. DATE (MONTH, DAY, YEAR) Oct 9, 1984		24e. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Kale Funeral Home, P.O. Box 536, Osceola, Iowa 50213			
25b. FUNERAL DIRECTOR—SIGNATURE <i>Kevin H. Kale</i>		25c. F.D. LIC. NO. 1770	25d. REGISTRAR—SIGNATURE <i>Marquitta Powers</i>		25e. DATE RECEIVED BY LOCAL REGISTRAR 10-25-84

011-3/79

CPC-71277 11/79

297-A } south
298 }
3 stow

Alfred D. Wall Matthews

1-2-87 Death

C 3769

AFF of Death

Recorded 12-18-91 #1471

BK 4D-559

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